PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	020885-000720US
FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			
Application Number 10/649,400		Filed August 26, 2003	
For GENES INVOLVED IN NEUROPSYCHIATRIC DISORDERS			
Art Unit 1649		Examiner Steven H. Standley	
This is a request under the provisions of 37 C application.	CFR 1.136(a) to extend the pen	od for filing a reply in the	above identified
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	Fee	Small Entity Fee	
One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
Two months (37 CFR 1.17(a)(2	)) \$450	\$225	\$
Three months (37 CFR 1.17(a)	(3)) \$1020	\$510	\$ 510
Four months (37 CFR 1.17(a)(4	(i)) \$1590	\$795	\$
Five months (37 CFR 1.17(a)(5	)) \$2160	\$1080	\$
Applicant claims small entity status. See 37 CFR 1.27.			
A check in the amount of the fee is enclosed.			
Payment by credit card. Form PTO-2038 is attached.			
The Director has already been authorized to charge fees in this application to a Deposit Account.			
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430 . I have enclosed a duplicate copy of this sheet.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).			
attorney or agent of record. Registration Number 48,006			
attorney or agent und Registration numbe	der 37 CFR 1.34. r if acting under 37 CFR 1.34		
lan			2007
Signature		January 26, 2007  Date	
Chris J. Ullsperger, Reg. No. 48,006		925 472-5000	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of reco	ord of the entire interest or their represe	ntative(s) are required. Submit m	nultiple forms if more than
Total of	forms are submitted.		